To:	Page 2 of 6	2020-07-28 10:33:30 PDT LegalZoom.com, Inc. From: Ahmed
	7/28/2020	Division of Corporations
		Florida Department of State
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		<b>Note: Please print this page and use it as a cover sheet.</b> Type the fax audit number (shown below) on the top and bottom of all pages of the document.
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		To: Division of Corporations
		Fax Number : (850)617-6383
		Account Name : LEGALZOOM.COM INC.
		Phone : (323)962-8600
		**Enten the omail address for this business entity to be used for future
		**Enter the email address for this business entity to be used for future invariant sector annual report mailings. Enter only one email address please.** .
		Email Address:
	H ت	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BIKE TRAIL HOME LLC
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## **COVER LETTER**

TO:	Registration Section	
	Division of Corporations	

BIKE TRAIL HOME LLC

SUBJECT:

Name of Limited Liability Company

z

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheyenne Moseley

Legalzoom.com, Inc.

Firm/Company

Name of Person

101 N Brand Blvd 11th Fi

Address

Clendale, CA 91203

City/State and Zip Code

Biketrailhome@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

S25.00 Filing Fee

Status Certificale of Status

 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)

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\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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2020-07-28 10:33:30 PDT

Т	AMENDMENT O S DRGANIZATION
	DRGANIZATION
BIKE TRAIL HOME LLC (Name of the Limited Linhility Compa- (A Florida Limited	83 82
The Articles of Organization for this Limited Liability Company Florida document number	were filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	by Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	200 W 34th Ave., #603
(Principal office address MUST BE A STREET ADDRESS)	Anchorage, AK 99503
Enter new mailing address, if applicable:	200 W 34th Ave., #603 Anchorage, AK 99503
(Mailing address MAY BE A POST OFFICE BOX)	Anchorage, Arx 53505
(Mailing address MAY BE A POST OFFICE BOX)	

New Registered Office Address:

Enter Florida sireet address

\_\_\_\_\_, Florida

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Cily

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

•

## MGR = Manager AMBR = Authorized Member

Tille	<u>Name</u>	Address	Type of Action
AMBR	Scott H Johnson		🖸 Add
			Remove
		200 W 34th Ave., #603 Anchorage, AK 99503	🖬 Change
AMBR	Johnson, Ciara Holliday Lowery		🗆 Add
			C Remove
		200 W 34th Ave., #603 Anchorage, AK 99503	🗃 Change
			Q Add
		<del></del>	C Remove
			Change
			🗅 Add
			C Remove
			Change
			Q Adđ
			Remove
			Change
			🗆 Add
			O Remove
			Change

To: Page 6 of 6

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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<u> </u>

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _	7/21	2020	
	FO		
	0	Signature of a member or authorized representative of a member	
	Scott H Johnson		
		Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00